DECLARATION and POWER OF ATTORNEY for PATENT APPLICATION

As a below named inventor, I hereby residence, post office address and I believe I am the original, first and matter which is claimed and for which attached hereto upwas filed on	nd citizenship are as sta sole inventor (if only ich a patent is sought of	one name is listed below) or an on the invention entitled VIDEC	O CONVERTER BOARI	ntor (if plural names are listed below) of the subject (VCB), the specification of which (check one) is in	s
				nims, as amended by any amendment referred to abo	ove.
I acknowledge the duty to disclose i					
					r S
365(a) of any PCT international an	plication which design	ated at least one country other t	han the United States of Ai	application (s) for patent or inventor's certificate, o nerica, listed below and have also identified below a fore that of the application on which priority is clai	any
Prior Foreign Application Number(s)	Country	Foreign Filing Date:	Priority Not Claimed	Certified Copy Attached? Yes No	
I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below:					
Application Number(s) 60/281,423		Filing Date (MM/DD/YYYY) 04/03/2001			
I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or §365© of any PCT international application designating the United States of America listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56(a) which became available between the filing date of the prior application and the national or PCT international filing date of this application:					
U.S. Parent Application Number	1	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)	
POWER OF ATTORNEY: As a n	amed inventor, I herebected therewith, (list n	oy appoint the following attorney ame and registration number), a	y(s) and/or agent(s) to pros nd hereby certify that the C	ecute this application and transact all business in the overnment of the United States has the irrevocable	; right
REND CORRESPONDENCE TO Thereby declare that all statements statements were made with the kno of the United States Code and that	NSWCDD (CD22: Dahlgren, VA 224 made herein of my kn wyledge that willful fal	2) 48-5100 owledge are true and that all sta se statements and the like so ma	atements made on informati	FO: James B. Bechtel, Esq. Reg. No. 29,890 (540)653-8061 on and belief are believed to be true; and further that imprisonment, or both, under Section 1001 of Title patent issued thereon.	it these le 18
Full name of sole or first inventor_		0 1			
Inventor's signature Residence R.R. #4, Box 283 Loop	mes M. S	eals	Date	6/28/01	
Citizenship United States	Post Office Address_	Same as above			
Full name of second joint inventor,					
Second Inventor's signature	rehard W.	William	Date	6/28/01	
Residence R.R. #5, Box 450Å, I Citizenship United States	Post Office Address_	Same as above			
Full name of third joint inventor, if	fany Joseph H. Q	~ 3			
Third Inventor's signature Residence R.R. #3, Box 200A, Lo	Martin IN 47553	Lum	Date	6-28-2001	
	Post Office Address_	Same as above			
Full name of fourth joint inventor,	, if any				
Fourth Inventor's signature		toward every	Date		
Residence Citizenship	Post Office Address_				
Full name of fifth joint inventor, if	`any				
Residence	Port Office Address				